

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND		↓		↓		↓
TOTAL DEP		↓		↓		↓
TOTAL CLAIMS						

	★		★		★	
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100						
TOTAL IND		↓		↓		↓
TOTAL DEP		↓		↓		↓
TOTAL CLAIMS						

* INDICATES CLAIMS THAT HAVE BEEN AMENDED